

Olmstead Update – November 2002

Services for People with Mental Illness or Substance Addictions

Background

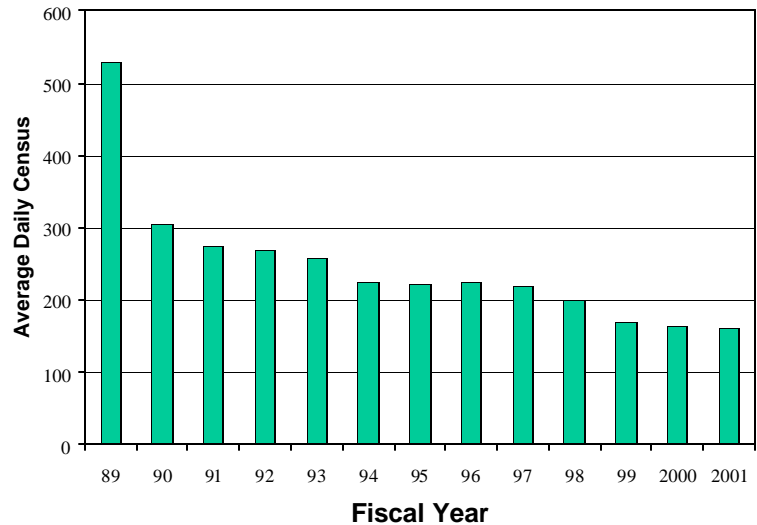
Since the 1950s, community-based mental health and substance abuse services have increased dramatically, especially during the last decade. In 1990, the number of people with mental health or addiction issues who accessed community-based services was 13,788. The number of people served in communities almost doubled to 25,124 individuals by 2002.

Individuals whose illnesses once could only be managed long-term in the North Dakota State Hospital, are now living in communities with the assistance of community-based care. In fact, the daily census of hospitalized patients dropped from over 2,500 patients in 1950 to about 160 today, due to advances in treatment and community-based services. Continued enhancements and new initiatives will allow the community-based mental health and substance abuse systems to grow, providing quality services to those in need.

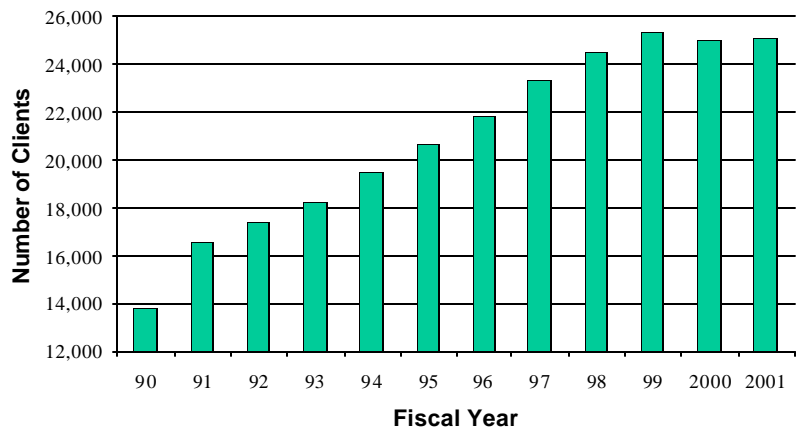
A Time of Transition

- **1950s:** The availability of the first psychotropic medications reduced the inpatient population as more people could be stabilized in the hospital and discharged on medications. By the end of the decade, the State Hospital patient census dropped to about 1,500 patients.
- **1960s:** Establishment of eight Mental Health Centers in the state (known today as Human Service Centers) made public outpatient psychiatric services available at the local level.
- **1970s & 1980s:** State Hospital census continued to decline due to improved medications and community treatment.
- **1989-1991 Biennium:** Goals were established to further reduce State Hospital admissions. These goals included the expansion of community-based services and work with both private and public providers to develop an effective system of care.

N.D. State Hospital
Average Daily Census 1989 - 2001



Clients Served by Regional Human Service Centers in N.D. (1990 - 2001) ¹



- **1991-1993 Biennium:** Community capacity continued to improve as State Hospital admissions decreased further.
- **1993-1995 Biennium:** An eight-bed residential program for adolescents was developed at the State Hospital, in response to statewide needs.
- **1995-1997 Biennium:** Programs and services continued to change with the establishment of an eight-bed transitional living facility on the hospital campus. This provided less restrictive care for individuals who had reached a maximum benefit of hospitalization but awaited community placement.

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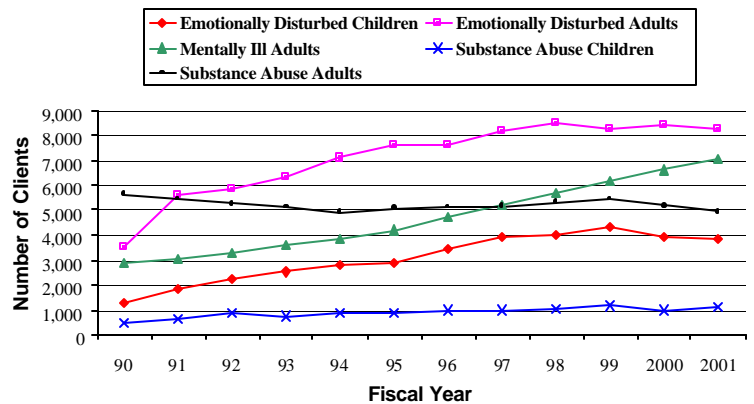
Changes between 1990 & 2001

- The North Dakota State Hospital's average daily census has decreased by 70 percent.
- The number of people who accessed services at the Regional Human Service Centers has increased by 82 percent to the current level of 25,124 people.
- The percentage of children with an emotional disturbance who have received services at the Regional Human Service Centers increased by 205 percent to 3,836 children.
- The number of adults with a mental illness who accessed services at a Regional Human Service Center has grown by 144 percent to 7,030.
- The number of children who have received substance abuse treatment services at a Regional Human Service Center increased by 137 percent to 1,096.
- The number of adults who accessed substance abuse services at a Regional Human Service Center decreased by 13 percent to 4,028.

Mental Health & Substance Abuse Treatment Service Funding

- State Hospital and Human Service Center substance abuse and mental health treatment general fund expenditures have increased by 12 percent since the 1995-1997 biennium.
- The use of federal /other funds has increased by 14 percent since the 1995-1997 biennium.
- According to the federal Center for Mental Health Services (CMHS), North Dakota ranks 32nd in state mental health spending per capita.

N. D. Regional Human Service Center Clients Served by Treatment Type



The Future

Services for people with disabilities in North Dakota will continue to adapt to changing expectations and standards. The input from consumers and families regarding services and program decisions is vital to this process. As the department strives to find efficiencies, we will continue working to assure that the unique needs and goals of the people receiving services remain the focus.

- Carol K. Olson, DHS Executive Director

Notes

- 1 ARIS Report HC2-220-AA
- 2 Ibid

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N.D. State Hospital and Human Service Center Substance Abuse and Mental Health Treatment Expenditures²

